



CHANGE OF STRUCTURE APPLICATION Marijuana Checklist and Instructions

City Clerk's office 303-538-7230
9500 Civic Center Drive
Thornton, Colorado 80229-4326

Pursuant to Thornton City Code Section 42-719(b): *Change of Corporate Structure.* (b) A change of corporate structure of any marijuana store which results in any of the changes in subsections (1) through (3) below shall require the filing of an application and payment of the requisite fees, and shall be subject to the requirements of Stages 1 and 3 of the licensing process in section 42-716, except that retail and medical testing facilities shall not be required to submit a Community Engagement Plan. The hearing in Stage 3 of the licensing process shall be held in front of the hearing officer, who shall make findings in accordance with section 42-716(d)(5):

- (1) Any transfer or assignment of ten percent or more of the capital stock of any corporation, or ten percent or more of the ownership interests of any limited partnership interest in any year, or transfer of a controlling interest regardless of size.
- (2) Any change in the officers or directors of a corporation which involves the addition or substitution of individual(s) who was not previously an officer or director of the corporation during a period of time that the corporation held the license.
- (3) Any transfer of the capital stock of any corporation, or transfer of any limited partnership interest in any general partnership of a limited partnership, or transfer of any limited liability company interest in a limited liability company of any kind, joint venture or business entity which results in any individual owning more than ten percent of an ownership interest in the business entity if that individual's ownership interest did not exceed ten percent prior to the transfer.
- (4) A change of corporate structure which results in any transfer or assignment of less than ten percent of the capital stock of any corporation or less than ten percent of the ownership interests of any limited partnership interest in any year to a person who currently has an interest in the business, and which does not result in a change of controlling interest, shall not require an application for change of corporate structure.

(c) No application for transfer of ownership or change in corporate structure shall be approved by the hearing officer until all city and state occupational taxes, city and state sales and use taxes, excise taxes, any fines, penalties, and interest assessed against or imposed upon such licensee in relation to operation of the licensed business are paid in full.

- **ONE COMPLETE SET OF DOCUMENTS MUST BE SUBMITTED** (Incomplete sets will be returned)
- Allow six weeks for processing.
- Provide documents in order of the Checklist - **Single-Sided - No Staples Please**
- All documents and copies need to be legible and either typed or printed in **BLACK** ink on **8-1/2 x 11 size paper** only.
- ALL documents must be properly executed and correspond with name of applicant exactly.

CHANGE OF STRUCTURE FEE:

| | |
|--|---|
| | \$1,250 per license fee |
| | \$49.50 fingerprinting fee for each new owner payable to 3 rd party vendor at the time of fingerprinting (see fingerprinting instructions) |

REQUIRED DOCUMENTS (COMPLETE AND SIGN BEFORE SUBMITTING):

| | |
|--|---|
| | City Form 16M – Change of Structure Application |
| | City Form 3M – Affirmation and Consent |
| | City Form 5M – Affidavit of Lawful Presence in the United States |
| | City Form 6M – Cover Sheet for Background Investigation |
| | City Form 7M – Background Investigation Report |
| | City Form 8M – Authorization and Consent to Release Information |
| | City Form 9M – Affidavit Concerning Employees (Optional) |

| | |
|---|--|
| ATTACH THE FOLLOWING ADDITIONAL DOCUMENTS: | |
| | Community Engagement Plan |
| | Proof of payment of all city and state occupational taxes, city and state sales and use taxes, excise taxes, and any fines, penalties and interest assessed against or imposed upon licensee in relation to operation of the licensed business |
| | Copy of executed sales contract or agreement regarding the ownership interest; or new or amended operating agreement or bylaws showing ownership percentages; or documentation showing change of officers and/or directors |
| | List of all proposed structural changes and modifications, if any, to the premises (must file modification application prior to any changes being made) |
| | Any additional information that supports this application |
| Please submit any of the following documents if they have been, or will be, modified as a result of the change in ownership: (Please note changes) | |
| | Security plan indicating how the business intends to comply with the requirements related to monitoring and securing the licensed premises as required by Chapter 42, Article X of the Thornton City Code and all applicable state laws and Rules and Regulations. |
| | Floor plan of the licensed premise drawn to scale on an 8.5" x 11" paper, showing principal uses of each section of the floor area, including square footage of the premises |
| | Lease or deed, or contingent lease or deed which shall be in the name of the applicant |
| | Site plan, including all uses of the proposed licensed premise, all outdoor lights and signage |
| | Proof of insurance or proposed contract for proof of insurance |
| | Plan for preventing those under the age of 21 from entering the licensed premises |
| | Odor management plan, detailing the methods used to prevent the emission of any odor of marijuana from the licensed premises. |
| INSTRUCTIONS: | |
| Please submit completed application and required documents to the City Clerk's office. | |
| Fingerprints – contact Karren Werft, Agenda and Licensing Coordinator at 303-538-7367 for instructions. | |



RETAIL MARIJUANA BUSINESS CHANGE OF STRUCTURE

| | | | | |
|--|----------------|--------------|-------------------------------|--------------------------|
| Licensee Name | | | DBA | |
| Physical Address of Business | | | | Phone Number |
| State License # | City License # | License Type | Expiration Date | City Sales Tax License # |
| Mailing Address (if different from Business address) | | | | |
| Primary Contact Person for Business | | Title | Primary Contact Phone Number | |
| Primary Contact Address | | | Primary Contact Email Address | |
| Operating Manager | Email Address | | | Phone Number |

| | |
|-----------------------|--|
| Check all applicable: | <input type="checkbox"/> Transfer or assignment of ten percent or more of ownership interests <input type="checkbox"/> Transfer or assignment of a controlling interest <input type="checkbox"/> Transfer of any ownership interest which results an individual owning more than ten percent of the business entity <input type="checkbox"/> New officer or director of corporation |
|-----------------------|--|

| | |
|---|-------|
| AFFIRMATION & CONSENT | |
| I declare under penalty of perjury in the second degree that this application and all attachments are true, correct and complete to the best of my knowledge. | |
| Type or Print Name of Applicant/Authorized Agent of Business | Title |
| Signature | Date |

| | | |
|---|-------|------|
| DECISION OF LOCAL LICENSING AUTHORITY | | |
| The Marijuana Hearing Officer for the City of Thornton has examined the following application and supporting documentation, and based on this examination, the applicant's request is hereby: <input type="checkbox"/> Approved <input type="checkbox"/> Denied | | |
| Signature | Title | Date |

Change of Business Ownership Structure

List all persons and/or entities with any ownership interest. If an entity (corporation, partnership, LLC, etc.) has an interest in the applicant company, list all persons associated with such entity, their ownership in the entity, and their effective ownership in the license. List all parent, holding or other intermediary business interests. Use separate sheet(s), as needed.

Current Ownership Structure

| | | | | | | | |
|--------------------------|--|-------------|--|------------------------|-----|----------------|--|
| Name | | SSN/FEIN | | Date of Birth | | Phone | |
| Street address | | City | | State | Zip | E-mail address | |
| Business associated with | | Ownership % | | Effective % of license | | | |

| | | | | | | | |
|--------------------------|--|-------------|--|------------------------|-----|----------------|--|
| Name | | SSN/FEIN | | Date of Birth | | Phone | |
| Street address | | City | | State | Zip | E-mail address | |
| Business associated with | | Ownership % | | Effective % of license | | | |

| | | | | | | | |
|--------------------------|--|-------------|--|------------------------|-----|----------------|--|
| Name | | SSN/FEIN | | Date of Birth | | Phone | |
| Street address | | City | | State | Zip | E-mail address | |
| Business associated with | | Ownership % | | Effective % of license | | | |

Proposed Ownership Structure

| | | | | | | | |
|--------------------------|--|-------------|--|------------------------|-----|----------------|--|
| Name | | SSN/FEIN | | Date of Birth | | Phone | |
| Street address | | City | | State | Zip | E-mail address | |
| Business associated with | | Ownership % | | Effective % of license | | | |

| | | | | | | | |
|--------------------------|--|-------------|--|------------------------|-----|----------------|--|
| Name | | SSN/FEIN | | Date of Birth | | Phone | |
| Street address | | City | | State | Zip | E-mail address | |
| Business associated with | | Ownership % | | Effective % of license | | | |

| | | | | | | | |
|--------------------------|--|-------------|--|------------------------|-----|----------------|--|
| Name | | SSN/FEIN | | Date of Birth | | Phone | |
| Street address | | City | | State | Zip | E-mail address | |
| Business associated with | | Ownership % | | Effective % of license | | | |



**AFFIRMATION AND CONSENT
MARIJUANA
Form 3M**

Application # _____
City Clerk's office 303-538-7230
9500 Civic Center Drive
Thornton, Colorado 80229-4326

**MARIJUANA BUSINESS LICENSE
AFFIRMATION AND CONSENT**

I, _____, as the applicant or as an authorized agent for the applicant, declare that this entire application packet, including the state application on which the city will rely, statements, and attachments are true, correct, and complete to the best of my knowledge. I am voluntarily submitting this application to the City of Thornton under oath and with full knowledge that I may be charged with offering a false instrument for recording, pursuant to C.R.S. §18-5-114 perjury, pursuant to C.R.S. 18-8-501, *et seq.* or other crimes of deception for intentional omissions and misrepresentations. I understand that any error or omission may constitute grounds for the denial of a license, or if later discovered, the revocation of any license issued.

I consent to any background investigation necessary to determine my present and continuing suitability pursuant to state and city rules or regulations, and that this consent continues as long as I hold a retail marijuana business license.

Applicant Signature

Title

Date

STATE OF _____)
COUNTY OF _____)

Subscribed and sworn to before me this _____ day of _____, 20_____.

Notary Public Signature: _____

My Commission Expires: _____



**MARIJUANA
Form 5M**

Application # _____

City Clerk's office 303-538-7230
9500 Civic Center Drive
Thornton, Colorado 80229-4326

AFFIDAVIT OF LAWFUL PRESENCE IN UNITED STATES

I, _____, swear or affirm under penalty of perjury under the laws of the State of Colorado that (check one):

- ☐ I am a United States citizen, or
- ☐ I am a Permanent Resident of the United States, or
- ☐ I am lawfully present in the United States pursuant to Federal Law, according to the following type of authorization: _____

I understand that this sworn statement is required by law because I have applied for a license or permit which falls under the definition of a public benefit. I understand that Colorado state law requires me to provide one of the following forms of proof that I am lawfully present in the United States:

- **Any Colorado Driver License, Colorado Driver Permit or Colorado Identification Card, expired one year or less. (Temporary paper license with invalid Colorado Driver's License, Colorado Drivers Permit, or Colorado Identification Card, expired one year or less is acceptable).**
- **Out-of-state issued photo driver's license or photo identification card, photo driver's permit expired one year or less.**
- **U.S. Passport expired less than 10 years.**
- **Valid foreign passport with I-94 or valid processed for I551 stamps.**
- **Valid I551 Resident Alien/Permanent Resident card. No border crosser or USA B1/B2 Visa/BCC cards.**
- **Valid I688 Temporary Resident, I688B, and I766 Employment Authorization Card with intact photo.**
- **Valid US Military ID (active duty, dependent, retired, reserve and National Guard).**
- **Tribal Identification Card with intact photo. (U.S. or Canadian).**
- **Certificate of Naturalization with intact photo.**
- **Certificate of (US) Citizenship with intact photo.**

I further acknowledge that making a false, fictitious, or fraudulent statement or representation in this sworn affidavit is punishable under the criminal laws of Colorado as perjury in the second degree under Colorado Revised Statute § 18-8-503 and it shall constitute a separate criminal offense each time a public benefit is received. Furthermore, I understand it is unlawful for me to offer, use or attempt to offer or use any evidence of my identification where such identification is false, fraudulent or incorrect in any manner or way, or which misrepresents me, or which does not belong to me, or which is altered, forged, defaced, or changed in any respect; except such changes as are required or authorized by law.

SIGNATURE MUST BE WITNESSED BY NOTARY

Signature of Affiant

Date

STATE OF COLORADO

)

S.S.

SEAL

COUNTY OF ADAMS

)

Subscribed and sworn to before me on this _____ day of _____, 20__

NOTARY PUBLIC: _____ My commission expires: _____



COVER SHEET FOR BACKGROUND INVESTIGATION

MARIJUANA

Form 6M

Application # _____

City Clerk's office 303-538-7230

9500 Civic Center Drive

Thornton, Colorado 80229-4326

City of Thornton Police Department

***Please Read and Sign Prior to Completing the Marijuana Licensee Background Application**

| | | |
|--|------------|------------------|
| Business Name: | | |
| Last Name | First Name | Full Middle Name |
| | | |
| <p>Notice: The Marijuana Background Application Form is an official document. If you provide false information on your marijuana license application and/or do not disclose all information the application asks, your license is subject to denial or revocation, and you may be subject to criminal prosecution. The City of Thornton will conduct a background investigation and will check sources of information. You are advised that it is better to disclose all information than face denial, revocation, or criminal prosecution.</p> <p>If you need clarification of any of the following questions, please contact the Thornton Police Department Detective Division at 720-977-5030 during business hours.</p> | | |

| | |
|---|--|
| 1. Have you ever been convicted of a felony at any time regarding the possession, distribution, or use of a controlled substance? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 2. Have you served a sentence, or are you currently serving a sentence including probation or parole, within the past 5 years upon conviction for any felony, even if the conviction occurred more than 5 years ago? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 3. Have you had a prior felony weapon-related conviction? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 4. Have you been convicted of the offense of operating a marijuana business without a license in the last 5 years? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 5. Have you failed to remedy an outstanding delinquency for taxes owed, an outstanding delinquency for judgments owed to a government agency, or an outstanding delinquency for child support? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 6. Are you a licensed physician making patient recommendations? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 7. Have you had your authority to act as a primary caregiver revoked by the state health agency? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 8. Are you under 21 years of age at the time of this application? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 9. Are you the spouse or child living in the household of any person employed by the Colorado Marijuana Enforcement Division? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 10. Are you a sheriff, deputy sheriff, police officer, or prosecuting officer, or an officer or employee of the marijuana state licensing authority or a local licensing authority? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| <p>STOP! If you answered YES to any of the above questions, by law you cannot obtain or hold a Colorado or City of Thornton Marijuana license.</p> <p>I have thoroughly read and understand the questions above, I certify that my responses are true and accurate, and I understand that I have a duty to report the occurrence of any such event that renders me unqualified to hold a Colorado or City of Thornton Marijuana license.</p> | |
| Signature | Date |



CONFIDENTIAL BACKGROUND INVESTIGATION REPORT
APPLICANT OR OWNER
MARIJUANA
Form 7M

Application # _____
City Clerk's office 303-538-7230
9500 Civic Center Drive
Thornton, Colorado 80229-4326

TO BE COMPLETED BY ALL APPLICANTS – INCLUDING OWNERS, MEMBERS, PRINCIPAL OFFICERS,
PARTNERS, STOCKHOLDERS, OR DIRECTORS

REFERRAL TO THORNTON
POLICE DEPARTMENT

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK
ATTACH SEPARATE SHEET IF NECESSARY

Name of Individual (please print):

Title:

Trade Name of Establishment:

Address of Proposed Establishment:

The City of Thornton, by law, has the authority to regulate Marijuana Licenses. Pursuant to that authority, the City conducts background investigations of applicants for owners of Retail and Medical licensed establishments. The Background Investigation Report provides basic information about the applicant, which is necessary for the investigation.

Answers are subject to verification. False or misleading statements are grounds for denial and non-renewal of a license.

- I have read and I do understand the above statement. I further acknowledge that I have obtained and examined copies of Chapter 42, Article X of the Thornton City Code, pertaining to marijuana laws for the City and the Colorado Medical and Retail Marijuana Codes (Title 12, Colorado Revised Statutes).
- Excluding the corporate officers, stockholders, directors, partners, and members, of the licensed premises, I hereby certify, under penalty of law, that no other individual(s) have any direct or indirect financial interest in the business to be conducted under the license herein applied for.
- As an applicant, I hereby agree to notify the Marijuana Licensing Authority, within 5 (five) days of any changes in the financing of this business, should the changes occur during the period for which this license is issued and for the term or terms of any renewals or extension thereof.
- I further certify the facts contained within the following Background Investigation Report are true and correct and I understand that any falsification or misrepresentation will result in a rejection of this application or a revocation of said license. Also said falsification, omission or misrepresentation is evidence of perjury in the second degree.

Signature

Date Signed

SEAL

Subscribed and sworn to before me by:

in the County of Adams, State of Colorado, this _____ day of _____, 20____

Notary Public:

My Commission Expires:

CONFIDENTIAL BACKGROUND INVESTIGATION REPORT
APPLICANT OR OWNER
MARIJUANA
Form 7M – Page 2

**AUTHORIZATION AND CONSENT TO RELEASE INFORMATION****MARIJUANA****Form 8M**

City Clerk's office 303-538-7230
9500 Civic Center Drive
Thornton, Colorado 80229-4326

APPLICANTS & MANAGERS – COMPLETE BELOW AND SIGN

| | |
|--|--|
| Name of Individual (<u>please print</u>): | |
| Title: | |
| Trade Name of Establishment: | |
| Address of Proposed Establishment: | |

THE FOLLOWING PARAGRAPH DOES NOT APPLY TO MANAGERS OR EMPLOYEES

- I, as an applicant for the above referenced marijuana license, hereby authorize release of information pertaining to my financial qualifications in conjunction with the paragraphs listed above. I hereby consent to and authorize the release of any and all personal or business books, records, checkbooks, bank statements and records, financial data, balance sheets, income accounts, forms and all other applicable data and information relative to my credit standing and business reputation by any person or entity having possession or control thereof to any person presenting a signed copy of this Authorization and Consent to Release Information, or a true copy of a signed copy thereof, upon the express condition, however, that said release is limited to an investigation conducted pursuant to the aforesaid licensing and operation thereunder, but this consent shall continue to operate so long as above-named licensee shall hold said license, if granted, and for the term or terms of any renewals or extension thereof.

THE FOLLOWING TWO PARAGRAPHS APPLY TO ALL APPLICANTS, MANAGERS AND EMPLOYEES

- As an applicant for a Marijuana license before the Marijuana Licensing Authority, I am required to furnish information concerning my moral, educational, and mental qualifications. In this regard, I hereby authorize the Thornton Police Department to make any and all appropriate inquiries regarding the above-enumerated qualifications. Moreover, I authorize those people or organizations selected by the Thornton Police Department to release any and all information of a confidential or privileged nature.
- I hereby release you, your organization or others from any liability or damage, which may result from furnishing the information requested. I further authorize the Thornton Police Department and Marijuana Licensing Authority to discuss, in a public forum, any and all findings in regard to my moral, educational, and character qualifications, should I wish to proceed to that stage of the process with my application. I understand that any information or records obtained from you or by the City may become public records available upon request by the public.

| | |
|------------------|--------------------|
| Signature | Date Signed |
|------------------|--------------------|

| | |
|-------------|---|
| SEAL | Subscribed and sworn to before me by: |
| | in the County of Adams, State of Colorado, this day of , 20 |
| | Notary Public: |
| | My Commission Expires: |



**AFFIDAVIT CONCERNING EMPLOYEES
MARIJUANA
Form 9M**

Application # _____
City Clerk's office 303-538-7230
9500 Civic Center Drive
Thornton, Colorado 80229-4326

| | |
|--|---|
| | PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK ATTACH SEPARATE SHEET IF NECESSARY |
| Name of Applicant of a sole proprietorship, or the member, director, officers, partner or authorized agent (<u>please print</u>): | |
| Title: | |
| Trade Name of Establishment: | |
| Address of Proposed Establishment: | |

I, the applicant, as a sole proprietorship, director or officer of the corporation, or partner in the partnership, member or authorized agent of any other business entity, hereby certify that no individual shall be employed as a manager or other employee at the licensed premise when any of the following circumstances exist:

- 1) the manager or employee has had a drug-related felony conviction;
- 2) the manager or employee has any other felony conviction in the last ten years; or
- 3) the manager or employee has any drug-related misdemeanor conviction in the last five years.

I understand and acknowledge that if during the course of any inspection of records or other investigation it is found that a manager or employee, actively employed at the licensed premises, or employed during the period of inspection or investigation, in fact has had a drug-related felony conviction, any other felony conviction in the last ten years, or any drug-related misdemeanor in the last five years, such a finding shall be deemed a falsification or misrepresentation of application materials and shall be grounds for the imposition of a civil penalty, license suspension, or license revocation pursuant to Article X Chapter 42 of the Thornton City Code.

Signature

Date Signed

| | |
|-------------|--|
| SEAL | Subscribed and sworn to before me by: |
| | in the County of Adams, State of Colorado, this _____ day of _____, 20____ |
| | Notary Public: |
| | My Commission Expires: |